Sherwood Forest Hospitals 2018/19 Plan Narrative

In 2018/19 Sherwood Forest Hospitals is aiming to build further on successes seen in 2017/18; engaging across the Nottinghamshire STP/ICS and the Mid-Nottinghamshire Better Together Programme to deliver improvements to patient care and support the delivery of a system wide control total.

Activity and income planning

SFH has engaged in system planning, working on reviewing proposed QIPP schemes and identifying those that can be contracted for. Following discussion with Mid Nottinghamshire CCG's, a baseline of activity and income for 18/19 has been agreed reflecting actual activity undertaken in 2017/18. Activity growth has been applied at varying rates across points of delivery (POD), giving an average income growth of 1.9%. This is the basis of the 18/19 CCG contract to which the impact of QIPP schemes has been applied.

QIPP Project initiation documents (PIDs) totalling £18.6m planned to impact on the SFH contract have been provided by the CCG. Each PID has been subject to review and scrutiny by SFH Medical Director, Chief Operating Officer, Director of Strategic Planning & Commercial Development and Chief Financial Officer and included considering whether each scheme was the right thing to do for patients, a quality impact assessment (QIA) ensuring patient safety and achievement of access standards are not put at risk, and identifying the timeframe in which a scheme could be implemented and the system wide implications for cost. A total of £14.7m of QIPP has been transacted into the contract with Mansfield and Ashfield and Newark and Sherwood CCGs.

The overall activity and income for SFH is shown in the table below:

Summary PoD	17/18 Planned Activity	17/18 Actual Activity	18/19 Planned Activity	Change in Activity - 17/18 actual to 18/19 plan		17/18 Planned Income	17/18 Forecast Income	18/19 Planned Income
				Number	%	(£'000s)	(£'000s)	(£'000s)
A&E	134,487	124,082	124,018	-64	-0.1%	13,662	16,012	16,268
Elective Admissions	36,926	39,872	40,434	612	1.4%	36,387	36,064	36,455
Excess Bed-days	9,484	5,119	4,919	-200	-3.9%	3,715	1,284	1,254
Non-Elective Admissions	44,297	41,189	41,090	-99	-0.2%	68,479	84,829	85,047
Other	1,463,328	1,534,551	1,482,840	-51,711	-3.4%	74,883	68,801	69,236
Outpatients First	106,740	102,189	102,475	286	0.3%	14,758	16,749	16,897
Outpatient All Other	316,731	318,122	318,186	64	0.0%	23,268	23,613	23,664

As QIPP schemes are developed and become operational the full detailed impact of each scheme will be understood. This will include how activity will change over time and the workforce and financial implications, including the true cost change in the system and how payment mechanisms may need to change to support a scheme. When schemes successfully deliver and SFH sees a change to the volume and nature of activity, then capacity will be adjusted in a planned and sustainable way.

Future planning and forecasting will take account of these activity changes. Under the auspices of the Better Together Transformation Board, chaired by the SFH Medical Director, a Gateway process will be operated to ensure that safety, quality, timeliness of access to services and financial viability of partners are not compromised as service changes are delivered.

Workforce plan

The Trust's workforce plan reflects the requirement to support transformation across the wider health economy. The workforce planning methodology has been aligned to service objectives and the Trust's overall strategic plan, as well as being triangulated with the Trust's financial and activity plans.

A key priority has been to ensure that quality and safety requirements are met and achieved that is underpinned by "Maximising our potential" which is the Trust workforce strategy for enabling dedicated people to deliver outstanding healthcare. The Maximising our Potential Strategy underpins the Trust vision and strategic priorities. In particular it sets out how the contribution of every member of staff will be maximised to deliver this.

The baseline position for the Trust is based on a predicted year end out turn of 4,121 worked whole time equivalents (wte). Historically the Trust has been reliant on a temporary workforce due organisational challenges. This had resulted in a dependence on 291 wte temporary workers, to cover vacancies across the Trust. In 2017/18 the Trust has reduced reliance on agency workers by over £10m, reducing agency spend to £16.7m, below the £17.910m agency ceiling. SFH plans to continue this improvement in 2018/19, with a reduced agency ceiling of £16.656m that the Trust is confident of meeting. Success of QIPP schemes will mean it will be possible to reduce agency spend still further; if all QIPP schemes succeed as planned it is estimated that agency spend could be reduced significantly below the ceiling.

Safe staffing levels remain one of the most substantial risks for delivery of safe, quality services. The Trust is actively recruiting to a significant number of nursing and medical vacancies and has had success in this in 2017/18 that resulted in reducing agency spend. To meet the demands of winter pressures, the Trust will plan to adopt flexible principles associated with the deployment of resources to meet levels of activity and patient acuity. A developed virtual ward and bank resources enabled trained individuals to be available at short notice to meet such demand, rather than relying on premium resources.

The "Maximising our potential" approach aims to attract, engage, develop, nurture, enable good performance and retain staff at all levels to do the very best job they can. We intend to attract the right people to our jobs and make sure they have the right skills, attitude and potential to excel. At the heart of the maximising our potential approach is the engagement, development and nurturing of individuals and teams so that they are confident, competent and motivated to deliver outstanding performance. A key aspect includes the development of national and local recruitment campaigns behind a clear, revised recruitment brand based on the Trust's recent improvement journey. Where appropriate the Trust is working in partnership with local NHS providers to create innovative attractive roles and realign service delivery to meet these challenges. Further to this new roles are

being explored focusing on areas of historical difficulties to recruit along with initiative approaches to training and development roles supporting and embedding the Maximising our potential" approach.

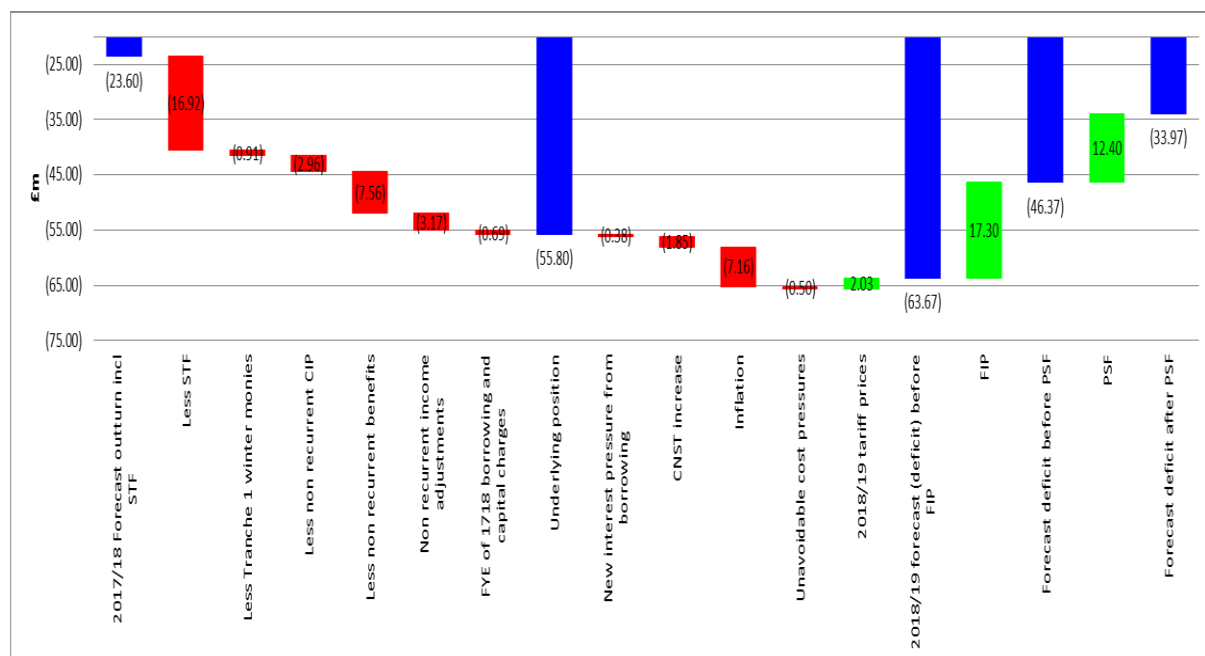
The Trust plans to improve access to the full range our diagnostic and treatment services on every day of the week. This is key to reducing the variation in discharges between week days and at the weekend. Specifically, we aim to improve the availability of therapy, pharmacy and radiology services as far as possible. In support of these aims, the Trust has proactively embraced and adopted 7 day working principles across clinical service areas and will continue to consider and explore further opportunities. The introduction of sustainable working patterns, deploying existing resources rather than relying on premium resources, are key enablers for the Trust to ensure services are provided to meet patient needs.

Financial plan

For the revenue plan, the Trust has accepted a control total of £34.0m deficit, as part of the overall system deficit of £19.2m. Within this a receipt of £12.4m of Provider Sustainability Funding (PSF) has been planned for of which £3.6m is dependent on overall system delivery of control totals.

	Revised control total £m
Control total pre PSF	(46.367)
PSF	12.395
Control total post PSF	**(33.972)**

The chart below details the assumptions within the Trust financial plan for 2018/19



Key assumptions to note are as follows:-

- The underlying position is a deficit of £55.00m. The FOT removes a number of non-recurrent items
  - £17.82 relates to central funding streams for STF and winter monies.
  - £10.52m for non-recurrent benefits seen in 2017/18 included non-recurrent Cost Improvement plan (CIP) delivery and non-recurrent underspends.
  - £3.17m for non-recurrent income seen in year for contract notices and not routinely funded procedures
  - The full year effect (FYE) of borrowing and capital charges will add £0.69m of cost to the underlying position.
- New pressures in 2018/19 come from interest payments for new cash borrowing, Clinical Negligence Scheme for Trust (CNST) premium increases and inflation, a combined total of £9.4m.
- A total of £0.5m to support quality investment and cost pressures
- Price uplifts within tariff net of efficiency requirements are a total of £2.0m.
- The Financial Improvement Plan (FIP) target for 2018/19 is planned for £17.30m.
- PSF is a total of £12.4m and is predicated on delivery of the control total both for the Trust and the system as a whole, as well as meeting the 4 hour access standard at the level required by the planning guidance

The most significant risk to delivery of the revenue plan is the delivery of the FIP programme. The Trust has a programme structure in place consisting of 8 workstreams each led by an executive sponsor. These include patient flow, theatres, medical, nursing, clinical support services, digitisation, non-clinical support services, divisional housekeeping and system wide efficiency. Progress of the development of schemes is reviewed each month by the Executive Team and the Finance Committee.

For all FIP initiatives, the Trust requires a QIA to be completed. QIAs are documented by the workstream lead for the CIP, with direct input from the clinical lead and operational teams. An initial assessment (stage 1) is performed to quantify potential impacts (be they positive, neutral or adverse) on quality, from any FIP initiative. Where potential adverse impacts are identified they are risk assessed using a standardised scoring matrix. Quality is described and assessed according to the 5 CQC domains, each of which must be considered during the initial assessment. Where a potentially adverse risk score is identified that is greater than 8, this indicates that a more detailed assessment (stage 2) is required within that CQC quality domain.

The Executive Medical Director and/or Chief Nurse review the QIA and provide feedback on whether to reject, revise or accept the scheme. A FIP scheme is only able to proceed to 'go live', if the QIA has been approved. QIAs are reviewed through the life cycle of a FIPs delivery. Post go-live, a refresh of a scheme's QIA takes place after 3, 6 and 12 months. QIAs that have reached stage 2 are reviewed every month. If new risks or unintended consequences have materialised post go-live, a scheme may be stopped or amended accordingly.

Further risk to delivery of the financial plan is the impact of QIPP schemes. The Trust is committed to working together across the system to develop financial models that support operational delivery of high quality services more cost effectively and will fully engage in developing financial models that support financial delivery for all partners.

The Trust has a capital plan of £9.63m for 2018/19. Overall, together with the deficit revenue plan a total of £45.1m cash borrowing is required.

Securing timely access to our services

4 hour standard

There are 5 fundamental areas currently being addressed that are the root causes of lower than 95% performance that the Trust has seen since Q2 2017/18, these are being run through 3 work streams:

- **'Start right'** (led by Dr Ben Owens) – maximising ambulatory care, EAU demand and capacity
- **'Todays work today'** (led by Dr Anne-Louise Schokker) – 'Red to Green', Board rounds, PDDs, criteria led discharge, discharge transport , TTOs, planning ahead
- **'Length of stay'** (led by Dr Steve Rutter) - >7 day stays reduction, visibility of delays/medically fit, internal delays and escalation.

The areas of focus are:

- **EAU Demand & Capacity** – following the closure of 12 (52 to 40) beds on EAU in June 2017, the unit has not been able to meet demand on a daily basis as it is the outlet from ED for the medicine admissions. This has been grossly exacerbated in winter as admissions have increased. Work is being progressed with UEC to maximise the Ambulatory Emergency Care Unit (AECU) to ensure patients are only admitted to EAU when absolutely necessary. This is being addressed via the *'Start Right'* work stream led by Dr Ben Owens.
- **Weekend discharges in medicine** – Greater work is required internally, and with partners, to improve weekend discharges without incurring the costs and recruitment difficulties that a full 7 day service would entail.
- **Internal Base ward bed capacity & flow** – much of the work in this area fits in the *'Todays work today'* work stream which is about improving the timeliness of discharge both for patients and the flow of the hospital – including discharges pre-noon, use of the discharge lounge transport, focussed board rounds and other key process work.
- **External capacity** – The Trust has seen a more material increase in the DTOC levels coupled with an overall high level of occupancy. Work with partners is ongoing, through the intensive recovery model, to ensure appropriate services are in place to support patient transfer once the patient is medically fit this will incorporate a discharge to assess model.
- **Operations control systems** – processes to maintain operational grip have been revised, this includes triggers for escalation and robust systems for the escalation of long waiting patients.

The trajectory for compliance with the 4 hour waiting time standard is to deliver 95% for Q1 and Q2. The trajectory for Q3 and Q4 will see performance below this, before rising to 95% in March. This is in line with the trajectory required to achieve the PSF and reflects the variation seen within 17/18. In addition, it reflects the increased demand for beds expected to be seen in winter 2018/19 and is

consistent with a bed base that may not be able to be largely extended in winter due to staffing constraints.

For Elective care the focus for 2018/19 is to sustainably deliver the Cancer, RTT and Diagnostic standards. This will be delivered by strengthening internal processes at SFH and working collaboratively with system partners such as the Cancer Alliance to ensure we deliver timely and high quality care to our patients.

Cancer

The key deliverables for 2018/19 will centre on earlier diagnosis and improving timely cancer treatment and care. We are already engaged with the NHSI Intensive Support Team to deliver an internal programme of improvement including robust cancer pathway management, this work covers all of the '10 high impact actions' to deliver the 62 day standard. Note the release of cancer transformational funding will continue to be linked to delivery of the 62 day cancer standard

We are actively engaging with our Tertiary providers, the Cancer Alliance and STP work stream leads to ensure all eight waiting time standards for cancer are met, one element of this being the implementation of nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, ensuring that patients get timely access to the latest diagnosis and treatment.

In Q1 we are actively upgrading our cancer system to meet new national requirements; this includes the application of the Inter-provider guidance with regards to the allocation of treatments and breaches between SFHT and Tertiary providers. We expect an impact of between 1% and 3% to our 2017/18 performance, therefore recognising we have further work to do the trajectory for compliance with the 62 day cancer waiting time standard is to deliver >85% from July 2018 onwards.

RTT

The 3 areas of focus for 2018/19 are:

- Delivery of the 92% incomplete Standard
- Zero 52+ waits by the end of March 2019
- Data Quality

We can deliver improvements in all 3 aspects by further strengthening our management of the incomplete PTL with a focus on reducing the 'backlog' of patients waiting >18 weeks on an admitted or non-admitted pathway. We will work collaboratively with the STP Elective Care Work stream and the Better Together Elective Care Programme Delivery Board to deliver improvements across outpatient, peri-operative, post op and theatre productivity.

We have a clear plan in terms of our assuring our data quality (both historic and recent) with a validation plan and workstream engagement that should reduce the risk of data quality 52+ patients as we progress through the year. Our trajectory for the 92% incomplete waiting time standard sees compliance being achieved from July onwards. The trajectory for zero 52+ waits is set for March 2019.

Diagnostics

Whilst we have performed relatively well throughout 2017/18 we have pockets of diagnostic pressure that we must respond to in a more timely manner. As we move into 2018/19 we have a known ECHO capacity issue that the specialty team are addressing, the trajectory for compliance with <1% waiting time standard is to deliver from June 2018 onwards.

Conclusion

In summary, the Trust is in a strong position to deliver the challenging plan articulated above. The Trust Board has agreed the enclosed plan, which was signed off at the April 2018 Board meeting.